

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Thursday, April 24, 2014 at the hour of 10:30 A.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Collens called the meeting to order.

Present: Chairman Lewis M. Collens and Director Wayne M. Lerner (2)

Director Ada Mary Gugenheim

Present

Telephonically: Director Luis Muñoz, MD, MPH (1)

Patrick T. Driscoll, Jr. (non-Director Member)

Absent: None (0)

Chairman Collens stated that Director Muñoz and Mr. Patrick Driscoll were unable to be physically present, but were able to participate in the meeting telephonically.

Mr. Driscoll indicated his presence telephonically at approximately 10:30 A.M.

Director Lerner, seconded by Chairman Collens, moved to allow Patrick Driscoll to participate in this meeting telephonically. THE MOTION CARRIED UNANIMOUSLY.

Director Muñoz indicated his presence telephonically at approximately 10:40 A.M.

Director Lerner, seconded by Chairman Collens, moved to allow Director Muñoz to participate as a voting member in this meeting telephonically. THE MOTION CARRIED UNANIMOUSLY.

Additional attendees and/or presenters were:

Krishna Das, MD – System Chief Quality Officer
Anwer Hussain, MD – Provident Hospital of Cook County

Randolph Johnston –System Associate General Counsel

Patricia Kelleher, MD – System Director of Employee Health Services

Linda Rae Murray, MD – Cook County Department of Public Health

John O'Brien, MD – Chairman, Department of Professional Education

Deborah Santana – Secretary to the Board

John Jay Shannon, MD – Interim Chief Executive Officer and Chief of Clinical Integration

Ozuru Ukoha, MD – John H. Stroger, Jr. Hospital of Cook County

Sharon Welbel, MD – System Director of Infection Control

II. Public Speakers

Chairman Collens asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

III. Report from System Chief Quality Officer

A. Regulatory and Accreditation Updates

i. Joint Commission Update – ACHN Survey (Attachment #1)

Dr. Krishna Das, System Chief Quality Officer, provided an overview of the information presented regarding the Joint Commission survey of the Ambulatory and Community Health Network of Cook County (ACHN). The Committee reviewed and discussed the information.

B. Publicly Reported Ratings

There was nothing to report on this subject at this time.

C. 2013-2014 Patient Influenza Vaccination Report (Attachment #2)

Dr. Das provided an overview of the 2013-2014 Patient Influenza Vaccination Report. The Committee reviewed and discussed the information.

D. 2013-2014 Employee Influenza Vaccination Report (Attachment #3)

Dr. Patricia Kelleher, Director of Employee Health Services, provided an overview of the 2013-2014 Employee Influenza Vaccination Report. Dr. Sharon Welbel, System Director of Infection Control, provided additional information. The Committee reviewed and discussed the information.

Following the discussion of the report, it was indicated that further discussion on the subject will take place at the April 25th Board Meeting, in closed session, under the exception to the Illinois Open Meetings Act relating to collective negotiating matters.

IV. Action Items

A. Minutes of the Quality and Patient Safety Committee Meeting, March 25, 2014

Director Lerner, seconded by Chairman Collens, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of March 25, 2014. THE MOTION CARRIED UNANIMOUSLY.

B. Approval of clinical training affiliations (Attachment #4)

Dr. John O'Brien, Chairman of the Department of Professional Education, provided an overview of the presentation on the matter. The Committee reviewed and discussed the information and proposed clinical training affiliations.

Director Lerner, seconded by Chairman Collens, moved to approve the clinical training affiliations. THE MOTION CARRIED UNANIMOUSLY.

IV. Action Items (continued)

C. **Medical Staff Appointments/Re-appointments/Changes (Attachment #5)

Director Lerner, seconded by Chairman Collens, moved to approve the medical staff appointments/reappointments/changes. THE MOTION CARRIED UNANIMOUSLY.

D. Any items listed under Sections IV, V and VI

V. Recommendations, Discussion/Information Items

A. Reports from Cook County Department of Public Health (Attachment #6)

- i. 2014 Public Health Accreditation Board (PHAB) Site Visit Report**
- ii. 2013 Annual Tuberculosis Surveillance Report**

Dr. Linda Rae Murray, Chief Medical Officer of the Cook County Department of Public Health, reviewed the Report and related materials. The Committee reviewed and discussed the information.

Director Lerner, seconded by Chairman Collens, moved to receive and file the Report from the Cook County Department of Public Health. THE MOTION CARRIED UNANIMOUSLY.

B. Reports from the Medical Staff Executive Committees

- i. Provident Hospital of Cook County**
- ii. John H. Stroger, Jr. Hospital of Cook County**

Dr. Anwer Hussain, President of the Executive Medical Staff (EMS) of Provident Hospital of Cook County, presented his report. He stated that there will be an annual screening event on April 26th at Provident Hospital; this community event provides screening for diabetes, hypertension, HIV and prostate diseases. Dr. Hussain added that, at the quarterly staff meeting, Dr. John Jay Shannon, Interim Chief Executive Officer and Chief of Clinical Integration, shared news with staff regarding improvement of the imaging center.

Dr. Ozuru Ukoha, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, presented his report. Staff is working on finding the best time to hold a Joint Conference Committee Meeting sometime next month. Also, he added that Stroger Hospital's stroke program is in its 4th year; in June, The Joint Commission will be here to survey that program.

VI. Closed Session Items

A. **Medical Staff Appointments/Re-appointments/Changes

B. Litigation Matter(s)

The Committee did not recess the regular session and convene in closed session.

Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting Minutes
April 24, 2014

ATTACHMENT #1

Joint Commission Survey Overview:

Ambulatory and Community Health Network

Cook County Health and Hospitals System

Board of Directors

Quality and Patient Safety Committee Meeting

24 April 2014

Dr. Krishna Das, System Chief Quality Officer

Survey Summary

- ‘Deemed status’ survey for CMS; every 3 years
- 4 days, 2 surveyors (+ 1 in training)
- Process:
 - Tracers- arrive in clinical area and request to review a specific patient
 - Document review: files of employees identified in tracers, chart review
 - Conference + documents: Infection Control, Environment of Care, Performance Improvement, Emergency Management, Medication Management
- Positive comments:
 - Commitment to the mission of Cook County
 - Excellent knowledge and preparation of clinical staff
 - Success in a complex organizational structure
- Citations listed below– ‘direct impact’ and ‘indirect impact’

Direct Impact Citations

Description of the Standard	Specifics	Plan of Correction
The organization establishes and maintains a safe, functional environment	<ol style="list-style-type: none"> 1. Surfaces of exam tables were not intact 2. Certain curtains and tracks were not clean 	Purchasing new exam tables Recover exam tables as possible Re-evaluate cleaning modalities in ambulatory
The organization reduces the risk of infections associated with medical equipment, devices and supplies	<ol style="list-style-type: none"> 1. In one area the process of sterilization was not consistent with manufacturer's instructions 2. Corrugated paper boxes were in use 	Follow manufacturer's instructions Remove cardboard boxes
The organization addresses the safe use of look-alike/sound-alike medications	Signs are posted throughout the system; but medication storage and labeling must also address this safety issue	Create a system-wide mechanism to handle such medications
The organization safely manages any emergency medications	Oxygen containers should have tubing and masks attached	Rescue oxygen set-ups created in each clinic for immediate availability
The clinical record contains information that reflects the patient's care, treatment or services	All elements of all consent forms must be completely filled out	System-wide effort to standardize the consent form for procedures

Indirect Impact

Description of the Standard	Specifics	Plan of Correction
The organization manages safety and security risks	Perform proactive risk assessments Consider conversions in space utilization	Remove potential hazards, eg wall oxygen, from ambulatory areas
The organization manages risks related to hazardous materials and waste	Reconcile disposal of hazardous waste and confirm disposal by the waste vendor	Procedure for reconciliations has been developed Staff training is underway
The organization evaluates the effectiveness of its Emergency Management Plan	Conduct annual disaster drills (not tabletop exercises) and this should include all shifts the facility is open	Revise approach to disaster drills and ensure all days/shifts are covered
The organization safely stores medications	Refrigerator thermometer monitoring has been variable	Standardize response to out of range temperatures, post on
The organization provides patient education and training based on each patient's needs and abilities	Perform an assessment of patients learning needs	Standardize learning needs assessment as part of the nursing intake process

Response Plan

- Three categories of responses
- EOC and Life Safety: CBO + ACHN staff
- Nursing responses:
 - Evaluation of infection control issues
 - Patient assessment at clinic intake
- Physician response:
 - Standardize consent forms and monitor use
- Interdisciplinary approach
- Submissions to Joint Commission:
 - 45 day: May 15th, 2014
 - 60 day: May 30th, 2014

Cook County Health and Hospitals System
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ATTACHMENT #2

Influenza Vaccination -- Patients 2013-2014

Cook County Health and Hospitals System
Board of Directors
Quality and Patient Safety Committee Meeting
24 April 2014
Dr. Krishna Das, System Chief Quality Officer

Influenza Vaccination

CCHHS: Patient Vaccination Report 2014

Population Inpatient: 9/1-3/31 Outpatient: 10/15-3/31	Number Vaccinated	Number of Patients	% of Patients Vaccinated
Outpatient	36,487	134,890	27%
Inpatient	5293	12631	42%

Influenza Vaccination

Patient Centered Initiatives

- Inpatient:
 - Opt –out orders at all inpatient encounters (linked to admission and discharge orders)
 - Patient education material at nursing units
 - Posters and informational material
- Outpatient:
 - Standing orders for outpatient vaccination system-wide
 - RN/MA enters order and documents administration
 - Issue of cost/payment for vaccines

Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting Minutes
April 24, 2014

ATTACHMENT #3

CCHHS Employee Health Services
Annual Personnel Influenza Vaccination Program
2013-2014

Organizational Efforts:

- Education – Annual Training, Intranet per Infection Control, CDC/other Documentation, Departmental, Individualized
- Notifications – Ongoing and Weekly throughout Flu Season
Posters, Intranet Postings/Information, Supervisory, Communications, Broadcast, Blast Emails – weekly notices
- Free Flu Shot Programs –
On Site, CCHHS Facilities, Available for all Personnel all Shifts:
Stroger, Provident, Cermak, Oak Forest, ACHN, CCDPH, CORE
CCHHS EHS - 7:30 AM – 3:30 PM - Clinic Business Days
Departmental Meetings, Annual Infection Control Screening
CCHHS EHS Mobile Flu Shot Cart
- Incentive/Attention Generating Activities – Personnel Flu Shot Raffle -
- Compliance Monitoring – Departmental Supervisors
- Measurement/Quality - Data Reporting, CCHHS. Public Health/NHSN

CCHHS Employee Compliance

10.03.13 – 03.31.14

Facility	Employee Compliance #	Rate
Stroger	2536	61%
Provident	197	56%
Cermak	444	84%
OFHC	60	59%
ACHN	319	60%
CCDPH	166	64%
Core	106	100%
Other	322	
Total:	4150	69%

JOB CLASSIFICATION COMPLIANCE

Physician	59%
Nurse	52%
Pharmacist	74%
Respiratory Therapist	56%
Physician Assistant	53%

Compliance - based on Employee Receipt of Flu Shot within CCHHS, or Medical Contraindication or Flu Shot Received Outside, with Documentation Provided.

Employee Rates - based on Payroll Data Denominators

EHS Historic Personnel Flu Shot Compliance Data

Employees, Trainees, Contractors, Volunteers

2004-2014

2004/05	1108	STROGER
2005/06	1485	STROGER
2006/07	1429	STROGER
2007/08	1588	STROGER
2008/09	1562	STROGER
2009/10 (H1N1)	5528	CCHHS
2010/11	4042	CCHHS
2011/12	3608	CCHHS
2012/13	2972	CCHHS
2013/14	6034	CCHHS

Ongoing Flu Shot Efforts

- Enhanced Educational Efforts
- Departmental Support Initiatives
- Free Flu Shot – continued program access for all Personnel, all Shifts/Locations
- Departmental Compliance Review
- Management Compliance Enforcement
- Electronic Data Management Improvements

Cook County Health and Hospitals System
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April 24, 2014

ATTACHMENT #4

Stroger Medical Education Affiliations

1

APPROVAL OF CLINICAL TRAINING AFFILIATIONS

Cook County Health & Hospitals System
Quality & Patient Safety Committee

Presented by:
Dr. John O'Brien, Chairman
Department of Professional Education
April 24, 2014

Rationale for Educational Agreements

2

- Why Do Residents Go To Multiple Hospitals (or Why Do Multiple Hospitals send their Residents Here)?
 - Sending hospital's resident needs experience not offered at their hospital (Toxicology).
 - Receiving hospital needs services of residents in a particular area (Orthopedics or ENT).
- When A Receiving Hospital Needs Services-They Pay Salary and Benefits.
 - Both Hospitals Gain
 - ✦ Receiving Hospital-
 - Improves care by providing direct care 24/7
 - Attracts quality attending physicians
 - Cheaper than having your own residency program.
 - ✦ Sending Hospital
 - Residents learn - see different patients/stages of disease
 - Residency program's reputation is enhanced.

Resident Reimbursement

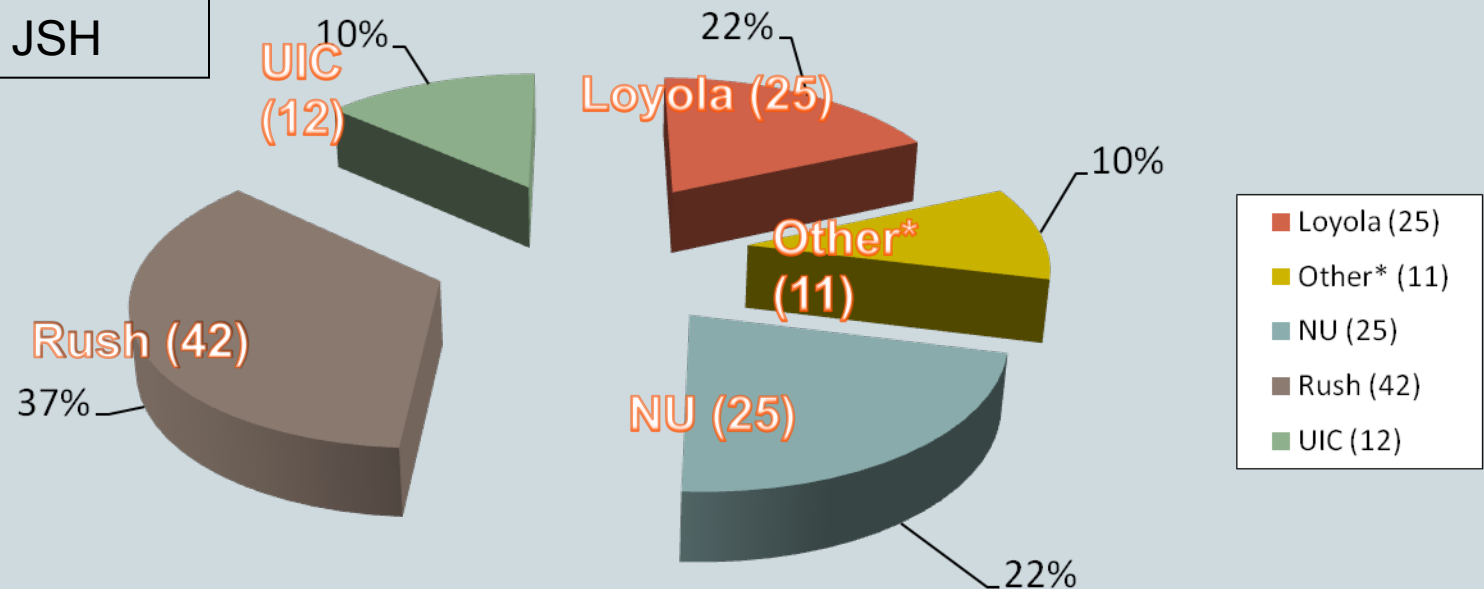
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- Medicare Reimbursement for Training Residents
 - Indirect Costs
 - ✦ Residents order more tests etc.
 - ✦ Hospital receives higher reimbursement for Medicare charges (~1.35).
 - Reimbursement level calculation based on Residents/Bed.
 - Direct Costs
 - ✦ Receive a % of salary/benefits for each resident trained on site.
 - ✦ Based on the number of inpatient Medicare patients.
 - ✦ Number of residents reimbursed was capped in 1996.
 - ✦ Most hospitals are “over the cap”.
 - Stroger’s Medicare Reimbursement
 - ✦ \$/resident is lower than most other teaching hospitals.
 - ✦ JSH cap = 450.
 - ✦ Cap sharing is allowed.
 - ✦ Reimbursement offsets some of the salary/benefits paid by the hospital.

Origin of JSH Rotators - (FTE)

4

Rotators=22% of Residents at JSH



* "Other" includes CCOM, IMMC, JP, LGH, Lurie, Mt Sinai, OLR, RFU, U of C, West Sub, and Weiss

Oversight of Rotators

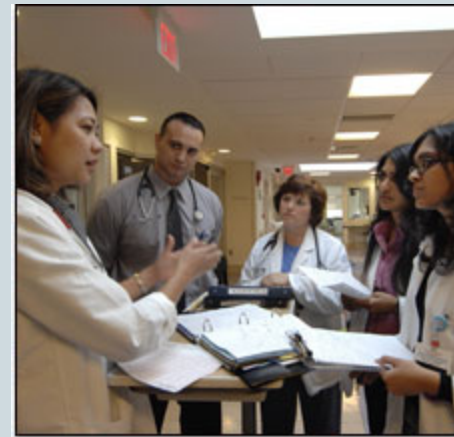
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- Joint Commission Mandates Appropriate Hospital Oversight
 - ✦ Verification of licensure/immunization
 - ✦ Orientation to the hospital
 - ✦ Adequate Supervision
- Accreditation Council for Graduate Medical Education (ACGME) Mandates Appropriate Educational Oversight
 - ✦ Designee responsible for the supervision, education and evaluation of the resident
 - ✦ Written goals and objectives
 - ✦ Educational Agreement

Educational Agreements - Summary

6

- **Need For Rotation Established**
 - Hospital needs to enhance care in an area vs. Residency needs experience
- **Educational Agreement Drafted**
 - Outline teaching/learning goals, supervision, designee responsible for oversight
 - Contractual Aspect
 - ✦ Duration (usually 3 years), dollars (salary and benefits)
 - Approval Process at Stroger
 - ✦ Legal Review
 - ✦ Executive Medical Staff
 - ✦ CCHHS Board Work Group
 - ✦ CCHHS Board
 - Larger number this year as many agreements are expiring synchronously



Questions?

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Summary of Agreements for 2014

Rush Agreements

Program	FTE residents	FTE MD staff	FTE Other	Contract Length-Yrs	Max. Ann. Expense (Payment Rec'd)
Dermatology	0	0.1	0	3	\$42,000.00
Emergency Medicine	-8	0.0	0	3	-\$546,846.00
Endocrinology	2	0.2	0	3	\$189,807.00
General Surgery	21.5	0.0	0	3	\$1,626,988.00
Infectious Diseases	5	0	0	3	\$390,761.00
Palliative Care/Hospice	-1	0	0	3	-\$78,194.00
Primary Care	-5	-0.4	0	3	-\$339,786.00
Neurology	2	0	0	3	\$148,106.00
Neurosurgery	2	0	0	3	\$151,971.00
Orthopedics	3.3	0	0	3	\$237,987.00
Pediatrics -Allergy	1	0	0	3	\$76,007.00
Psychiatry	1.20	0.0	0	3	\$89,532.00
Rheumatology	2	0	0	3	\$155,589.00
Surgery/Cardiothoracic	2	0	0	3	\$193,540.00
Trauma	6	0	0	3	\$427,243.00

UIC Agreements

Program	FTE residents	FTE MD staff	FTE Other	Contract Length-Yrs	Max. Ann. Expense (Payment Rec'd)
Colon/Rectal	1	0	0	3	\$78,318.00
ENT	3	0	0	3	\$250,055.00
Pathology	4	0	0	1	\$350,134.00
Nephrology	2	0	0	3	\$175,331.00

McGaw Agreements

Program	FTE residents	FTE MD staff	FTE Other	Contract Length-Yrs	Max. Ann. Expense (Payment Rec'd)
ENT	4	0	0	3	\$307,502.00
Ortho	4	0	0	3	\$295,296.00
Plastic Surgery	2	0	0	3	\$152,532.00
Urology	1	0	0	3	\$78,738.00

Osteopathic Agreements

Program	FTE residents	FTE MD staff	FTE Other	Contract Length-Yrs	Max. Ann. Expense (Payment Rec'd)
Midwestern (Prov Emerg. Med)	8.02	0	0	1	\$752,746.00
St Francis	2	0	0	1	\$127,351.00

Loyola Family Medicine Agreement

Program	FTE residents	FTE MD staff	FTE Other	Contract Length-Yrs	Max. Ann. Expense
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APPROVED

APR 25 2014

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Summary of Agreements for 2014

Fam Med	33	1	3	1	\$2,769,045.00
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Weiss Podiatric Agreement

Program	FTE residents	FTE MD staff	FTE Other	Contract Length-Yrs	Max. Ann. Expense (Payment Rec'd)
Weiss Podiatry Residents	2	0	0	2	\$36,000.00

Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting Minutes
April 24, 2014

ATTACHMENT #5

John H. Stroger, Jr. Hospital of Cook County



Medical Staff and Non-Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

INITIAL APPOINTMENT APPLICATIONS

Stanley-Christian, Heather, MD Appointment Effective:	Obstetrics and Gynecology/MFM April 24, 2014 thru April 23, 2016	Voluntary Physician
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INITIAL APPOINTMENT NON-PHYSICIAN APPLICATIONS

Eneogwe, Grace N., CNP With Demetria, Melchor V., MD Effective:	Medicine/Gastroenterology April 24, 2014 thru April 23, 2016	Nurse Practitioner
Pokluda, Cynthia R., PA-C With Dawalibi, Salim J., MD Alternate Zawitz, Chad J., MD Effective:	Correctional Health Services April 24, 2014 thru April 23, 2016	Physician Assistant
Rogers, Ollie M., CNP With Abiona, Titilayo Colette, MD Effective:	Family Practice/ACHN April 24, 2014 thru April 23, 2016	Nurse Practitioner

REAPPOINTMENT APPLICATIONS

Department of Anesthesiology

Malhotra, Neelam, MD Reappointment Effective:	Adult Anesthesia May 18, 2014 thru May 17, 2016	Active Physician
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Department of Correctional Health Services

Williamson, Sunita, MD Reappointment Effective:	Family Medicine May 20, 2014 thru May 19, 2016	Active Physician
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Department of Emergency Medicine

Bower-Lewis, Rebecca, MD Reappointment Effective:	Emergency Medicine May 20, 2014 thru May 19, 2016	Active Physician
Bowman, Steven, MD Reappointment Effective:	Emergency Medicine May 18, 2014 thru May 17, 2016	Active Physician
Feldman, Robert, MD Reappointment Effective:	Emergency Medicine May 18, 2014 thru May 17, 2016	Active Physician
Leikin, Jerrold, MD Reappointment Effective:	Emergency Medicine May 20, 2014 thru May 19, 2016	Active Physician
Sergel, Michelle, MD Reappointment Effective:	Emergency Medicine May 18, 2014 thru May 17, 2016	Active Physician

John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications (continued)

Department of Family Medicine

Rodriguez, Vimarie, MD	ACHN	Active Physician
Reappointment Effective:	April 24, 2014 thru April 23, 2016	

Department of Medicine

Ahmed, Wasay U., MD	General Medicine	Active Physician
Reappointment Effective:	May 20, 2014 thru May 19, 2016	
Badri, Sheila, MD	Infectious Diseases	Active Physician
Reappointment Effective:	May 16, 2014 thru May 15, 2016	
Danel, Isabella A., MD	General Medicine	Voluntary Physician
Reappointment Effective:	May 14, 2014 thru May 13, 2016	
Deamant, Catherine D., MD	General Medicine	Active Physician
Reappointment Effective:	May 16, 2014 thru May 15, 2016	
DiSavino, Elia M., MD	Neurology	Voluntary Physician
Reappointment Effective:	May 16, 2014 thru May 15, 2016	
Dixon, Kimberly F., MD	General Medicine	Active Physician
Reappointment Effective:	May 20, 2014 thru May 19, 2016	
El-Khadra, Maan S., MD	Adult Cardiology	Active Physician
Reappointment Effective:	May 07, 2014 thru May 06, 2016	
Feldman, Jerry, MD	Dermatology	Active Physician
Reappointment Effective:	May 20, 2014 thru May 19, 2016	
French, Audrey L., MD	Infectious Diseases	Active Physician
Reappointment Effective:	May 07, 2014 thru May 06, 2016	
Go, Leonard H.T., MD	Pulmonary/Critical Care	Active Physician
Reappointment Effective:	May 15, 2014 thru May 14, 2016	
Harris, Alan A., MD	Infectious Diseases	Active Physician
Reappointment Effective:	May 16, 2014 thru May 15, 2016	
Hayden, Mary K., MD	Infectious Diseases	Voluntary Physician
Reappointment Effective:	May 20, 2014 thru May 19, 2016	
Hinkamp, David L., MD	Pulmonary/Occupational Medicine	Voluntary Physician
Reappointment Effective:	May 16, 2014 thru May 15, 2016	
Kelleher, Patricia, MD	General Medicine	Active Physician
Reappointment Effective:	May 20, 2014 thru May 19, 2016	
Kelly, Michael A., MD	Neurology	Active Physician
Reappointment Effective:	May 16, 2014 thru May 15, 2016	
Kudaravalli, Padma, MD	General Medicine	Active Physician
Reappointment Effective:	May 16, 2014 thru May 15, 2016	
Mascarell, Susana MD	Endocrinology	Active Physician
Reappointment Effective:	May 20, 2014 thru May 19, 2016	
McDunn, Susan, MD	Medical Oncology	Active Physician
Reappointment Effective:	May 07, 2014 thru May 06, 2016	



John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications

Department of Medicine (continued)

Murray, Linda Rae, MD Reappointment Effective:	General Medicine May 20, 2014 thru May 19, 2016	Affiliate Physician
Orris, Peter, MD, Reappointment Effective:	Occupational Medicine May 16, 2014 thru May 15, 2016	Voluntary Physician
Proia, Laurie A., MD Reappointment Effective:	Infectious Diseases May 16, 2014 thru May 15, 2016	Voluntary Physician
Quesada-Rodriguez, Nancy, MD Reappointment Effective:	Pulmonary/Critical Care May 07, 2014 thru May 06, 2016	Active Physician
Sadowski, Laura S., MD Reappointment Effective:	General Medicine May 21, 2014 thru May 20, 2016	Voluntary Physician
Sequeira, Winston, MD Reappointment Effective:	Rheumatology May 20, 2014 thru May 19, 2016	Voluntary Physician
Sha, Beverly E., MD Reappointment Effective:	Infectious Diseases May 16, 2014, thru May 15, 2016	Voluntary Physician
Sumoza, Luis D., MD Reappointment Effective:	Hematology/Oncology May 15, 2014 thru May 14, 2016	Active Physician
Telfer, Margaret C., MD Reappointment Effective:	Hematology/Oncology May 16, 2014 thru May 15, 2016	Active Physician
Trenholme, Gordon M., MD Reappointment Effective:	Infectious Diseases May 16, 2014 thru May 15, 2016	Voluntary Physician
Weinstein, Robert A., MD Reappointment Effective:	Infectious Diseases May 16, 2014 thru May 15, 2016	Active Physician

Department of Obstetrics and Gynecology

Cejtin, Helen, MD Reappointment Effective:	Ob/Gyne May 18, 2014 thru May 17, 2016	Active Physician
Linn, Edward, MD Reappointment Effective:	Ob/Gyne May 20, 2014 thru May 19, 2016	Active Physician
Marasigan, Ligaya, MD Reappointment Effective:	Gynecology May 18, 2014 thru May 17, 2016	Voluntary Physician
Tennery, Stephanie, MD Reappointment Effective:	Gynecology May 18, 2014 thru May 17, 2016	Active Physician

Department of Pathology

Ferrer, Karen, MD Reappointment Effective:	Anatomic Pathology May 18, 2014 thru May 17, 2016	Active Physician
Firfer, Bourke, MD Reappointment Effective:	Pathology May 18, 2014 thru May 17, 2016	Active Physician

John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications (continued)

Department of Pediatrics

Agrawal, Vishwanath, MD, MD Reappointment Effective:	Neonatology June 16, 2014 thru June 15, 2016	Active Physician
Logan, Latania, MD Reappointment Effective:	Infectious Diseases/CORE June 28, 2014 thru June 27, 2016	Voluntary Physician

Department of Radiology

Egofske, Peter, MD, Reappointment Effective:	Special Procedures May 18, 2014 thru May 17, 2016	Active Physician
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Department of Surgery

Bonomo, Steven, MD Reappointment Effective:	General Surgery May 20, 2014 thru May 19, 2016	Active Physician
Dwarakanathan, Surendar, MD Reappointment Effective:	Ophthalmology May 16, 2014 thru May 15, 2016	Active Physician
Kanard, Robert, MD Reappointment Effective:	General and Pediatric Surgery April 24, 2014 thru April 23, 2015	Voluntary Physician
Patel, Jateen C., MD Reappointment Effective:	Pediatric Surgery April 24, 2014 thru April 23, 2016	Voluntary Physician

Renewal of Privileges for Non-Medical Staff

Cafferty, Breedge M., CRNA Effective:	Anesthesiology May 20, 2014 thru May 19, 2016	Nurse Anesthetist
Key, Kenya, PsyD Reappointment Effective:	Psychiatry/Psychology May 20, 2014 thru May 19, 2014	Clinical Psychologist
Nunez, Pierre, PhD Reappointment Effective:	Psychiatry/Psychology April 24, 2014 thru April 23, 2014	Clinical Psychologist

Non-Medical Staff Change In Privileges

Francis, Regeena, CNP, MD With Golzar, Yasmeen A., MD Effective:	Medicine/Adult Cardiology April 24, 2014 thru December 17, 2014	Nurse Practitioner
Joseph, Elsy T., CNP With Kulik, Andrew Segovia, MD Effective:	Psychiatry April 24, 2014 thru October 20, 2014	Nurse Practitioner
Witman, Elizabeth R., PA-C With Kelly, Russell F., MD Alternate Sattar, Payman, MD Effective:	Medicine/Adult Cardiology April 24, 2014 thru January 27, 2016	Physician Assistant

Provident Hospital of Cook County



Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

INITIAL APPLICATION

Adeniji, Adejimi, MD Appointment Effective:	Radiology April 24, 2014 thru April 23, 2016	Affiliate Physician
Basu, Anupam, MD Appointment Effective:	Radiology April 24, 2014 thru June 17, 2016	Affiliate Physician
Yoo, Kung, MD Appointment Effective:	Radiology April 24, 2014 thru April 23, 2015	Affiliate Physician

INITIAL APPOINTMENT NON-PHYSICIAN APPLICATIONS

Onwueme, Bundo E., PA-C With Ansari, Shahid A., MD Alternate Crawford, Clifford S., MD Effective:	Surgery/General Surgery April 24, 2014 thru April 23, 2016	Physician Assistant
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REAPPOINTMENT APPLICATION

Department of Anesthesiology

Solomon, Ralph, MD Reappointment Effective:	Anesthesia May 28, 2014 thru May 27, 2014	Active Physician
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Department of Internal Medicine

Cook Edwin J., DO Reappointment Effective:	Nephrology April 24, 2014 thru April 23, 2016	Consulting Physician
Khan, Abdul K., MD Reappointment Effective:	Cardiology April 24, 2014 thru April 23, 2016	Consulting Physician
Mullane, Michael R., MD Reappointment Effective:	Hematology/Oncology April 24, 2014 thru December 30, 2015	Affiliate Physician
Quesada-Rodriguez, Nancy M., MD Reappointment Effective:	Pulmonary May 16, 2014 thru May 6, 2016	Affiliate Physician

Department of Obstetrics and Gynecology

Linn, Edward, MD Reappointment Effective:	Ob/Gyne May 20, 2014 thru May 19, 2014	Affiliate Physician
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Non Medical Staff Privileges

Walsh, Robert J., PA-C With Bradley, Juliet L., MD Alternate Rodriguez, Vimarie, MD Effective:	Family Medicine May 18, 2014 thru May 17, 2016	Physician Assistant
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Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting Minutes
April 24, 2014

ATTACHMENT #6

Note: the following reports are electronically attached –

- 2014 Public Health Accreditation Board (PHAB) Site Visit Report
- 2013 Annual Tuberculosis Surveillance Report

Report to QPS Committee of the Cook County Health and Hospitals System Board of Directors

Cook County Department of Public Health
April 24, 2014



Public Health
Prevent. Promote. Protect.



7 Steps: PHAB Public Health Accreditation Board

2019

7. Reaccreditation

6. Reports

5. Accreditation Decision

4. Site Visit: January 2014

3. Documentation Selection & Submission

2. Application

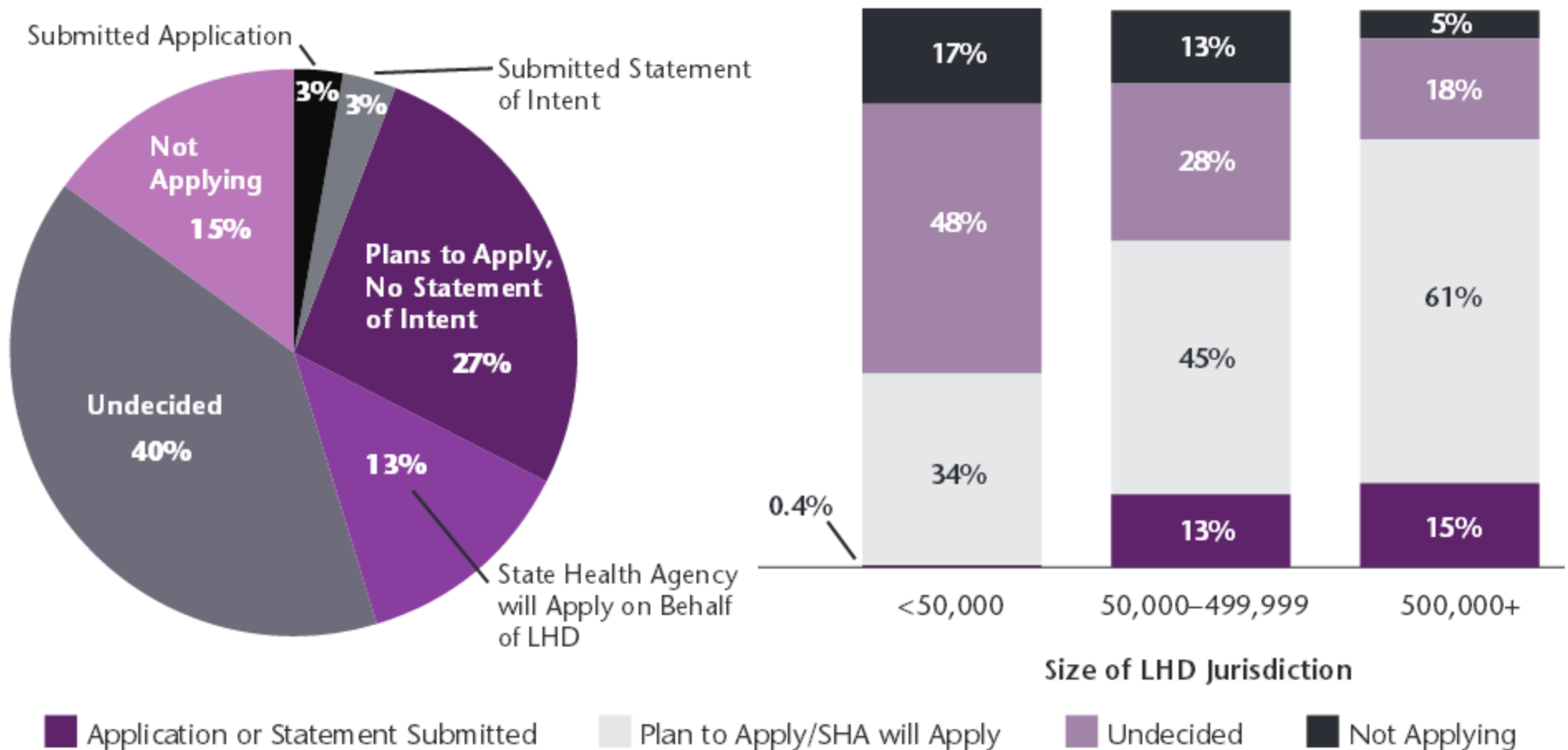
1. Pre-application

5 YEAR
ACCREDITATION
APPROVED
March, 2014

JUNE 15 ,
2013



Local Health Department's Engagement in Accreditation as of January 2013



Source: NACCHO Brief: 2014 Local Health Department's Level of Engagement in Accreditation



April 1, 2014

Public Health Accreditation Board (PHAB)

Distribution of Health Departments:

- Local: 185
- State: 24
- Tribal: 2

281 Health Departments in

e-PHAB



April 1, 2014


Public Health Accreditation Board (PHAB)

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- 
- April 1, 2014**
Public Health Accreditation Board (PHAB)
Distribution of Health Departments:
- Local: 185
 - State: 24
 - Tribal: 2
- 281 Health Departments in**
e-PHAB



- States with health departments in process
- States with accredited health departments

Population (last updated 4/1/2014)	
Unduplicated Population Covered by Health Departments in e-PHAB	193,251,423
Unduplicated Population Covered by Accredited Health Departments	21,712,137

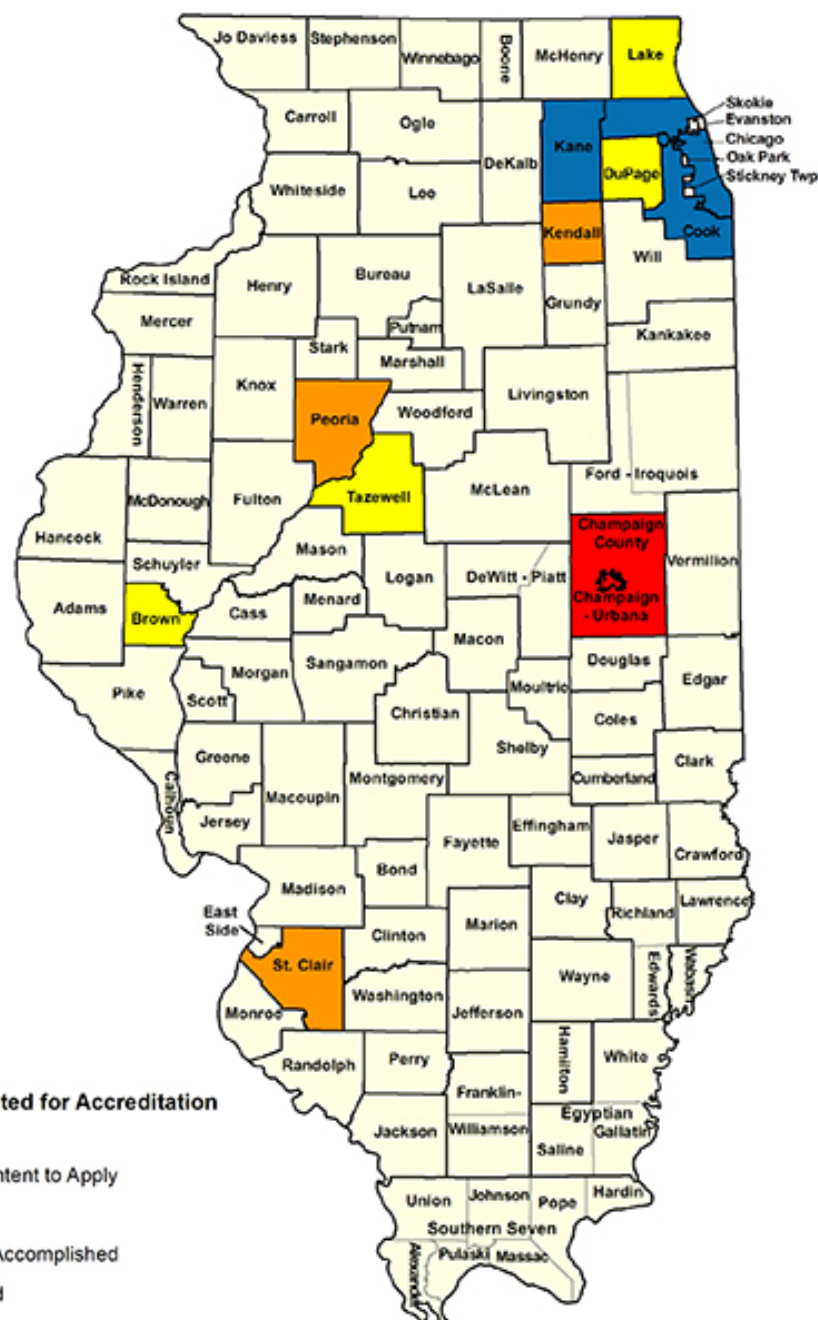
So far: Less than 10% of health departments have started process.

LESS THAN 1% (31) ARE ACCREDITED

PHAB Accreditation among Health Departments in Illinois as of March 2014

PHAB Accreditation

Health Department	Status
IL Dept of Public Health	Letter of Intent
Brown	Letter of Intent
Champaign Co.	Site Visit
Champaign-Urbana	Site Visit
Chicago	Accredited
Cook	Accredited
DuPage	Letter of Intent
Kane	Accredited
Kendall	Application
Lake	Letter of Intent
Peoria	Application
St. Clair	Application
Tazewell	Letter of Intent



KEY LEADERSHIP

- **ALL staff** worked on accreditation
- **Senior staff** took responsibilities for specific domains
- **KEY LEADER: Stephen A. Martin Jr. PhD , MPH**
 - COO oversaw pre-application process (Strategic Plan, Community Health Assessment & Community Health Plan = WePlan)
- **KEY LEADER: Sandra Martell RN, MS, DNP**
 - As Interim COO reorganized department's work to assure completion of PHAB process
- **KEY LEADER: Terry Mason M.D. , F.A.C.S.**
 - COO oversaw the PHAB site visit
- **ACCREDITATION COORDINATOR: Valerie Webb MPH**
 - Quarter Back of complete PHAB process

Public Health Accreditation Domains



PHAB SCORING SYSTEM

- **DARK GREEN** – fully demonstrated
- **LIGHT GREEN** – largely demonstrated
- **YELLOW** – slightly demonstrated
- **WHITE** – not demonstrated

PHAB DASHBOARD: CCDPH



SCORE	NUMBER (97 measures)	PERCENT
Fully demonstrated	77	79%
Largely demonstrated	20	21%
Slightly demonstrated	0	0%
NOT demonstrated	0	0%

Overall

Our overall impressions are that CCDPH has strong, collaborative public health leadership, a desire to continually improve the department's impact and CCDPH functions well as a department in a complex system.

Strengths

- **Collaborations among the Departments leadership team and with various sectors in the community**
- **Investment in policy development, staff training and their understanding of public health, local data and their legal requirements**
- **Performance management system and quality improvement starting at the program level.**

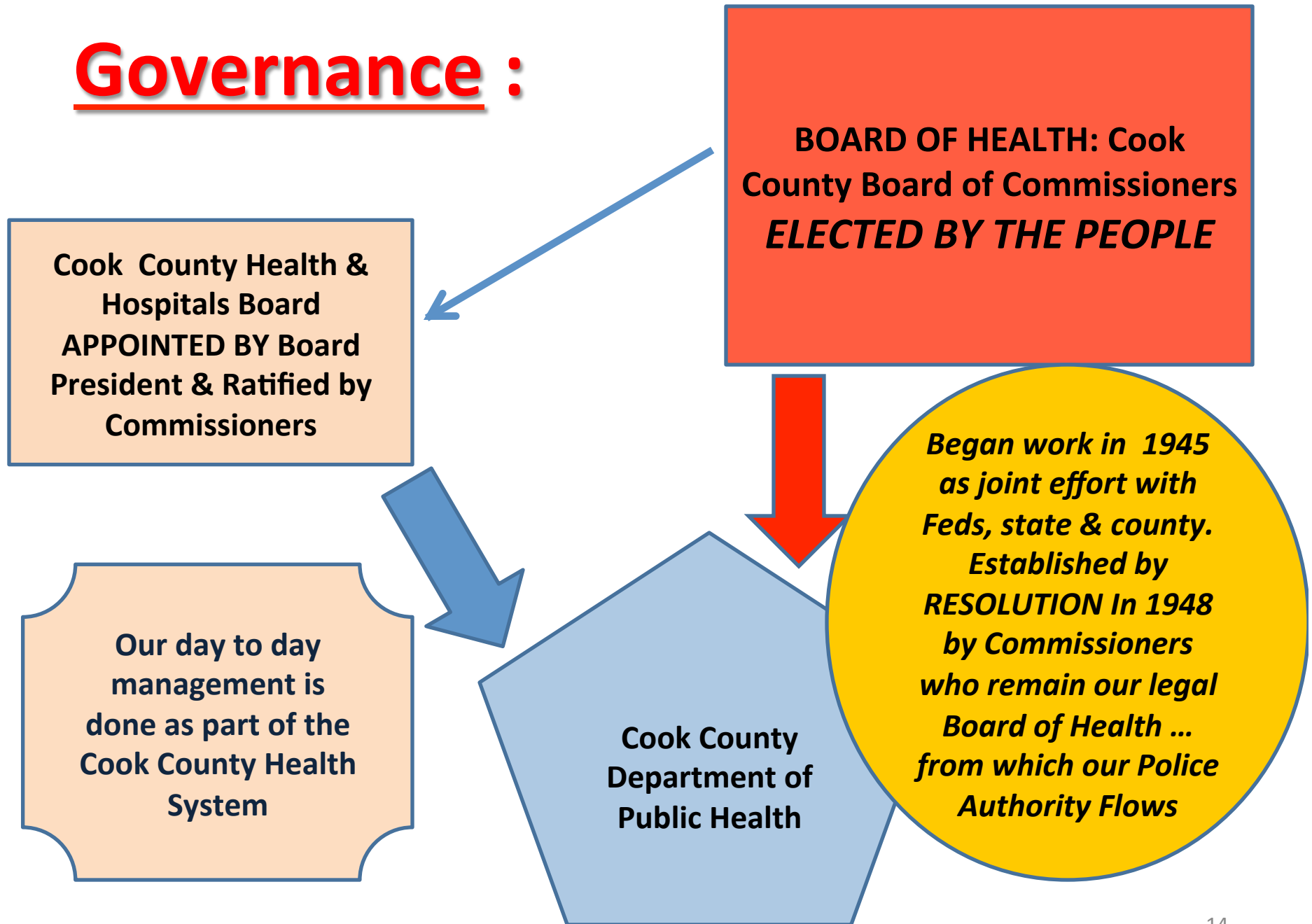
Challenges

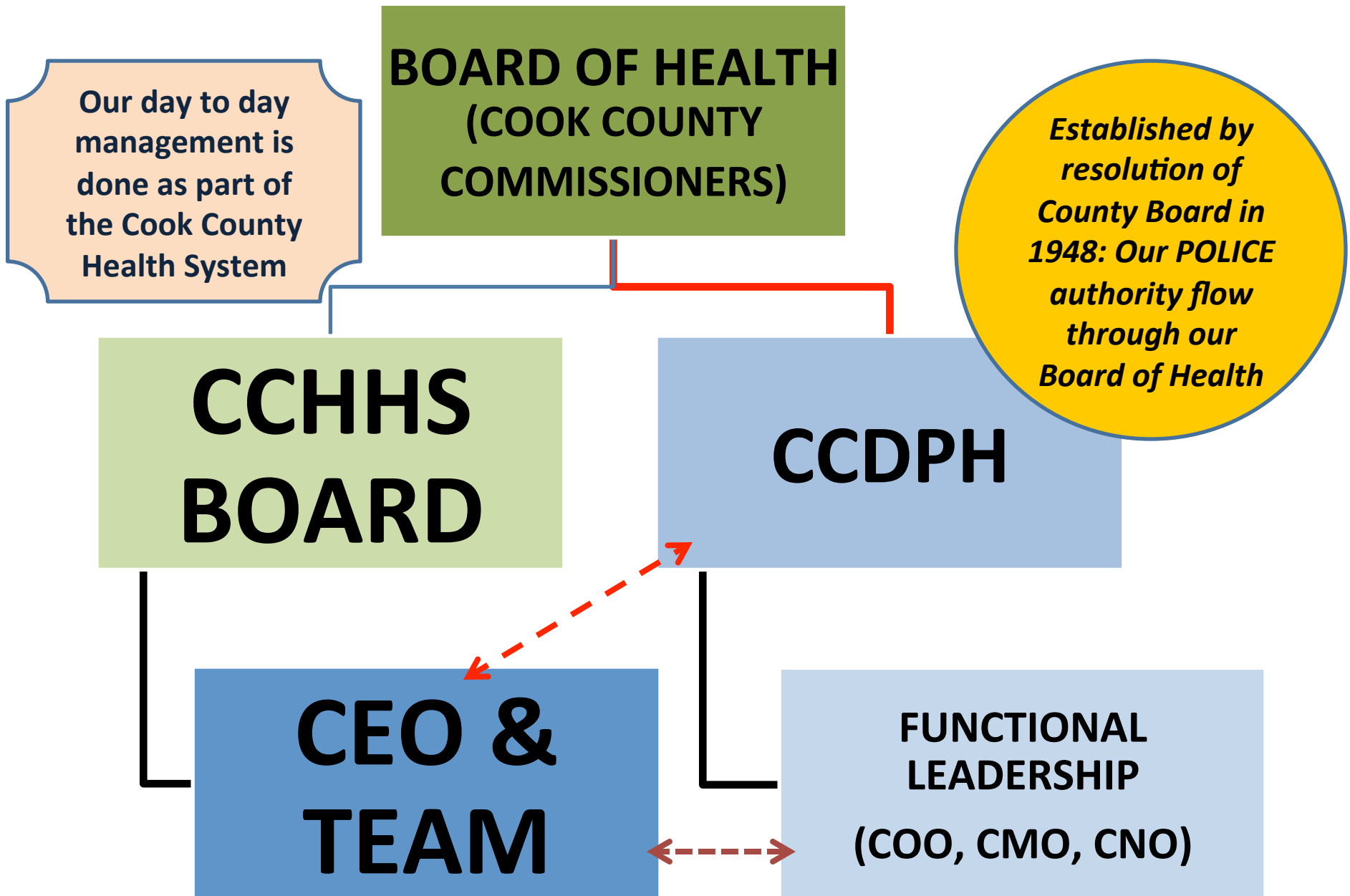
- **Integrating public health and clinical medicine to improve population outcomes**
- **External branding, especially at partner facilities**
- **Keeping the feeling of a single organization and vision among staff geographically spread across a large jurisdiction.**

Categorize areas for work

- **Raised questions about the integration of public health and primary care**
- **Raised questions about “branding” swallowed up by clinical system**
- **Documentation of discussion and consideration of communication especially with governance.**
- **Some time period issues (out of date policies; not all documents dated**

Governance :





Police Authority of Governmental Health Departments

- I am not a lawyer
- We have complicated federal / state issues
- DIFFERENT FROM PERSONAL HEALTH LAW
- Police power: has English & European common law roots.
 - Sic utere tuo ut alienum non laedas (use that which is yours so as not to injure others)
 - *Salus populi suprema lex esto (the health of the people shall be the supreme law)*

Police Authority of Governmental Health Departments

- **May act in areas that can reasonably be considered to preserve the health of the public**
- **Federal law: some areas pre-empted (e.g. FDA, child car seats)**
- **State law: IDPH may delegate to certified local health agencies**
- **County ordinance (first accepts delegation from state) and may act on its own.**

Police Authority of Governmental Health Departments

- **TYPICAL AREAS**
 - **INSPECTIONS** : restaurants, pools, factories etc
 - **CONTROL OF DISEASE**: quarantine, mandatory vaccinations or treatment,
 - **EMERGENCY RESPONSE**:
 - **ENVIRONMENTAL**: drinking water etc.

PHAB Updates and timelines

- Annual narrative report on how “challenges” are being addressed
- Make sure ALL areas of our department are addressing all measures
- Improve timely reports to our *Board of Health*
- *In January 2014 the Illinois Department of Public Health announced that it would consider PHAB accreditation equivalent to being a Illinois State Certified Health Department.*
 - We will prepare the appropriate paperwork to request a five year extension on our status as a state certified health department.

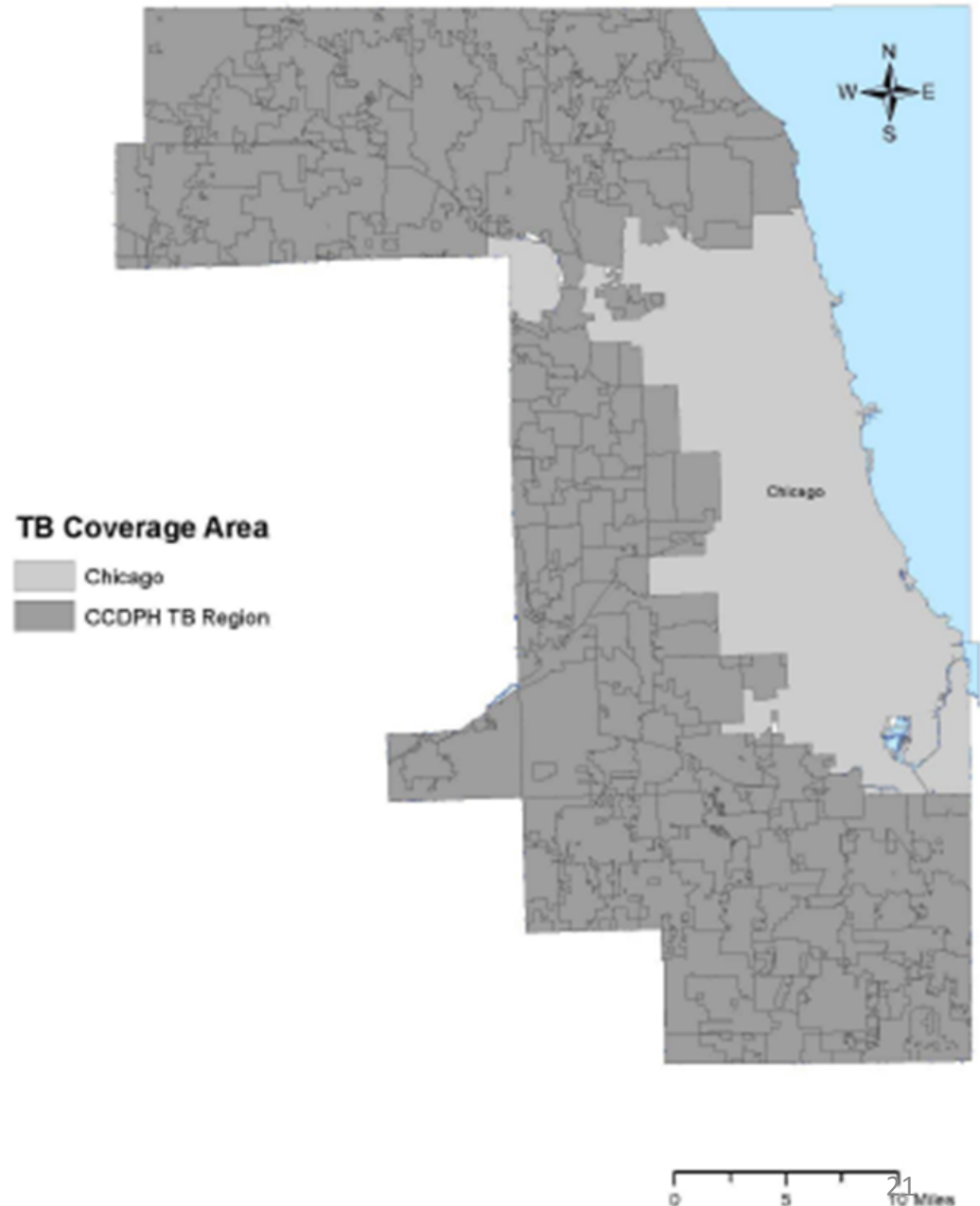
Accreditation for Public Health

- A large number of non-trivial issues to address as the nation's public health infrastructure continues to be weakened.
- What is next for PHAB ? Version 1.5 of standards highlighted “emerging” issues.
 - *Public Health communication science : requires maintenance of relationship with media*
 - *Public Health Informatics: requires capacity to use data from a variety of sources*
 - *Public Health Workforce development: requires staff development and a supportive work environment*
 - *Emergency Preparedness: added concept of community resilience*
 - *Health Equity: requires efforts to address factors that contribute to specific populations' higher risks and poorer health outcomes.*

TUBERCULOSIS IN COOK COUNTY

- * The City of Chicago withdrew corporate support from TB control
 - Using only CDC direct funding the City has entered into a contract with Stroger Hospital to provide **CLINICAL** care for patients in the city.
 - CCDPH has jurisdiction for Cook County outside of the city limits.
 - Our 2011 Strategic Plan calls for the creation of a single standard of care for **ALL** TB patients cared for by CCHHS
 - We are proceeding on our plans to merge **CLINICAL SERVICES**
 - CCDPH (like the City) will keep population based services.

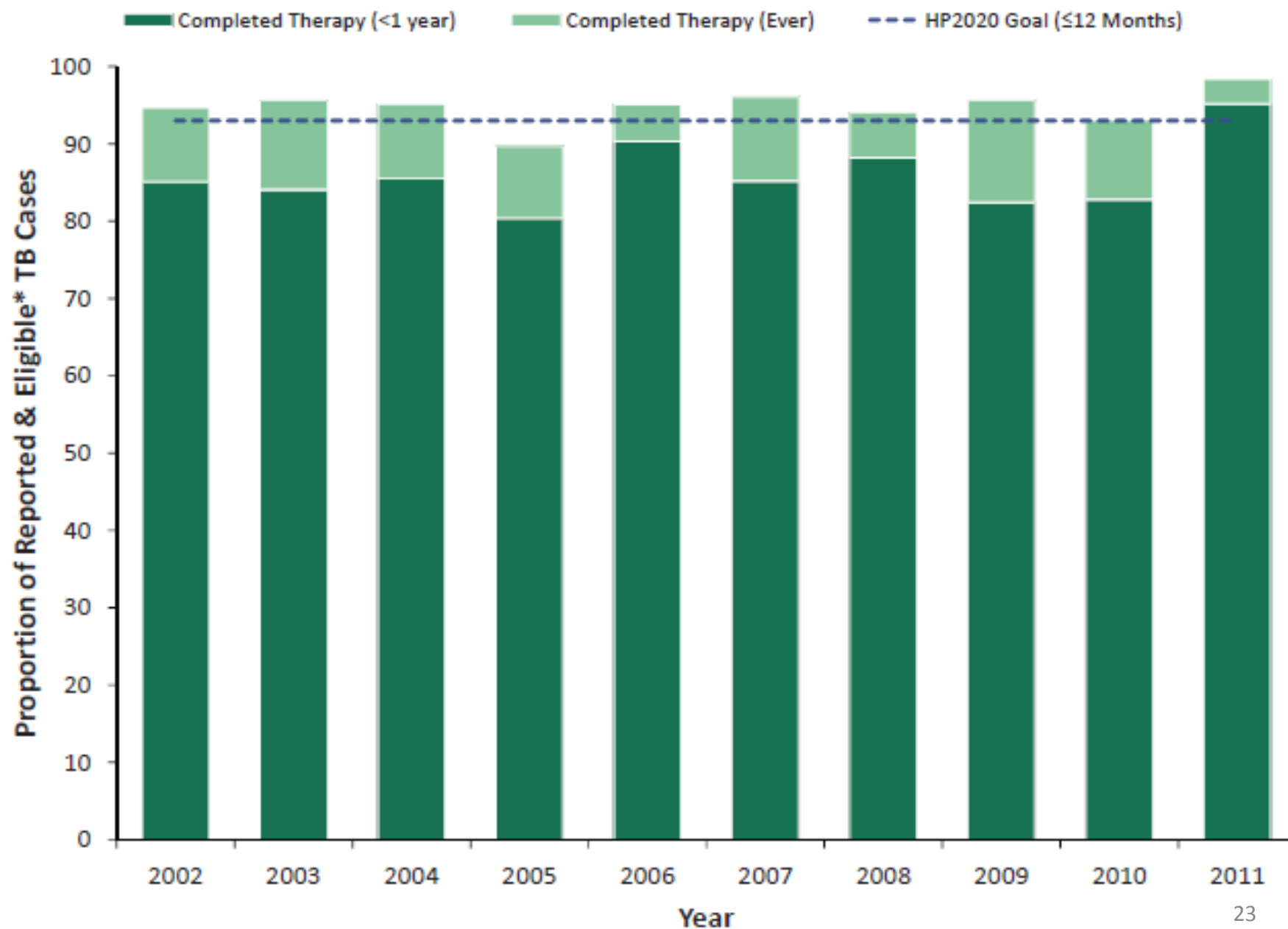
Cook County Department of Public Health Jurisdiction
Tuberculosis Region



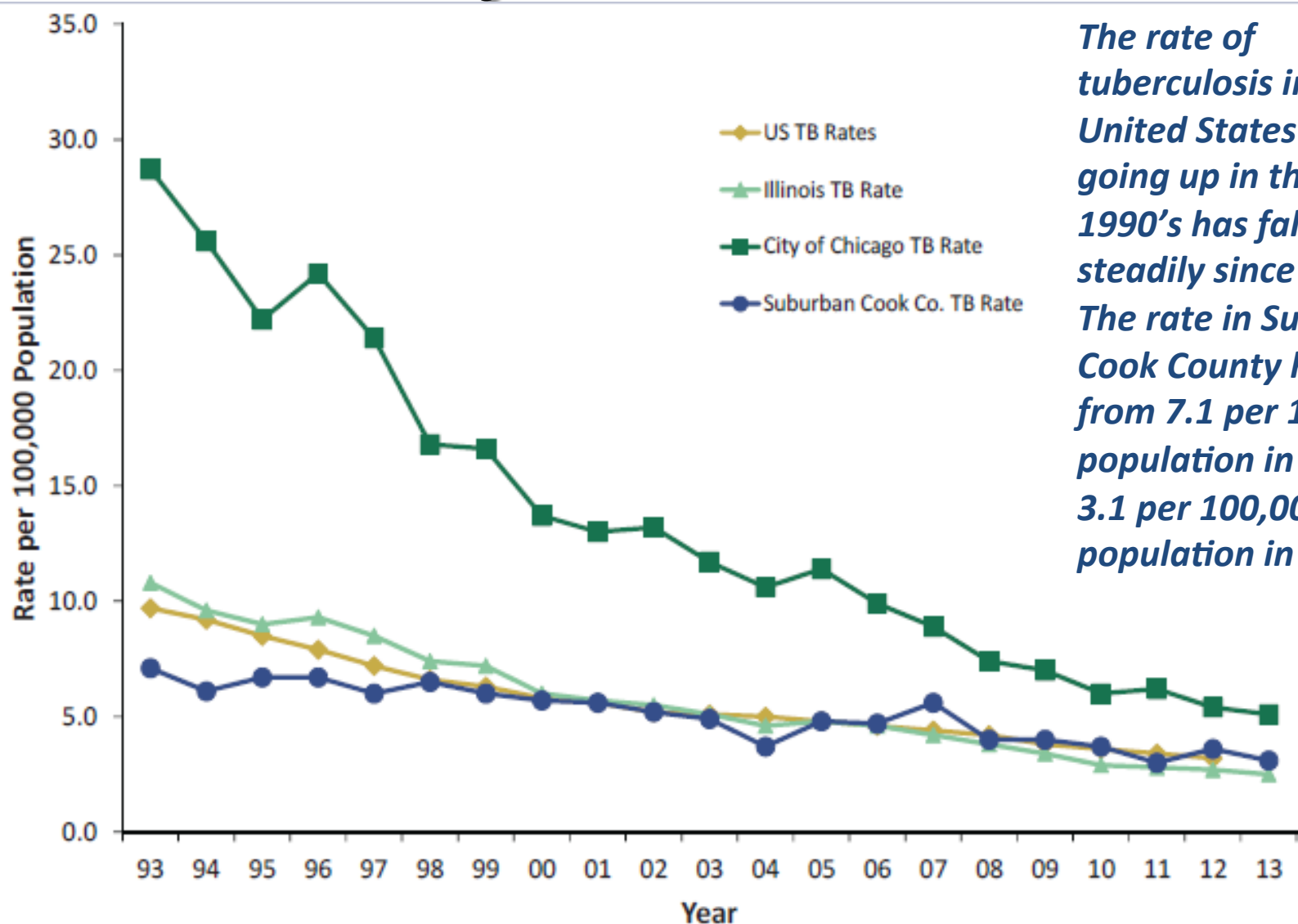
Overview of Tuberculosis Surveillance Report 2013

- **78 new cases reported**
 - 16% decrease from 2012
- **North District has highest rate (5.1/100,000)**
- **Burden of TB cases falls on foreign born**
 - 82% of foreign born diagnosed have been in U.S. longer than five years
- **Only 2 cases of MDR-TB and 0 cases of XDR-TB**
- **National goal: the ELIMINATION OF TB**
 - 1 case/million population

Figure 6. Completion of Tuberculosis Therapy, Suburban Cook County, 2002-2011

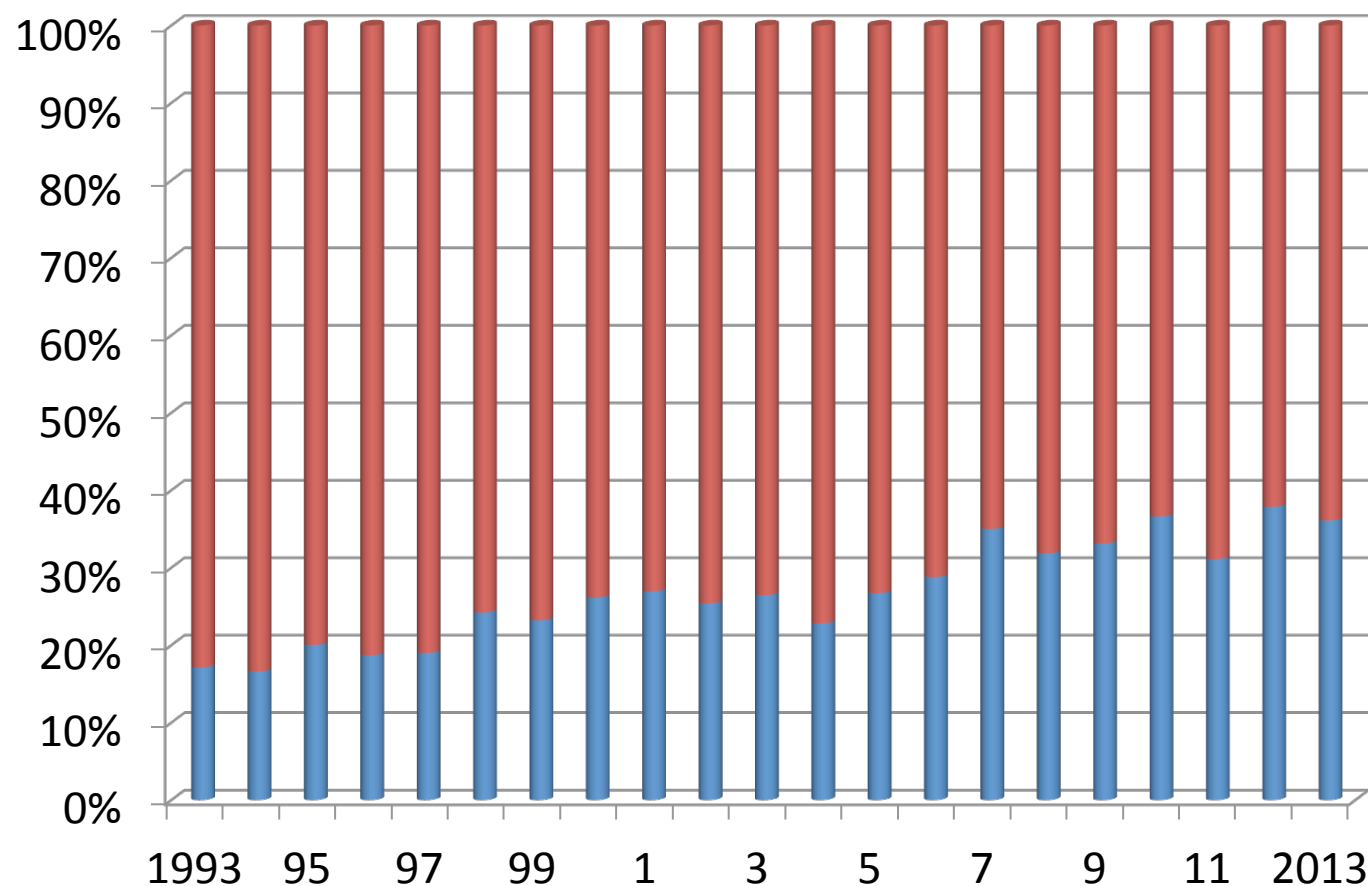


Rates of reported Tuberculosis by selected jurisdictions 1993 - 2013



The rate of tuberculosis in the United States after going up in the early 1990's has fallen steadily since then. The rate in Suburban Cook County has fallen from 7.1 per 100,000 population in 1993 to 3.1 per 100,000 population in 2013.

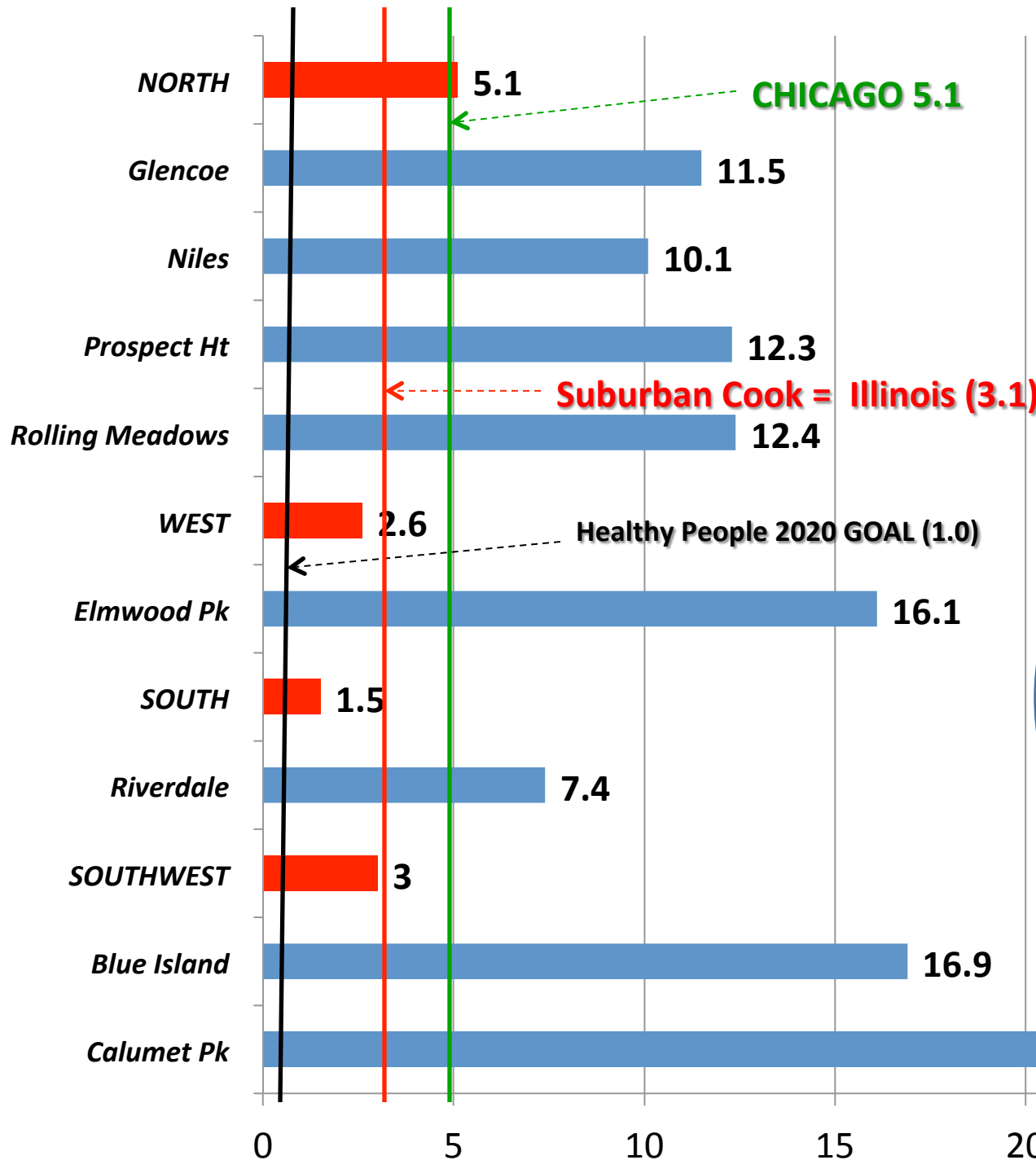
Proportion of Cook County TB cases by city and suburbs 1993 - 2013



While rates of TB has fallen in the city and suburbs; in 1993 suburban cases were 17% of the county total, today they are 36% of the county total.

■ City
■ Suburban

Rates of TB by district and selected municipalities. 2012



Our GOAL is elimination of Tuberculosis . One case per million population. Suburban Cook is 30 times higher than goal.

**ADDITIONAL SLIDES FOR
REFERENCE: SOURCE TB REPORT**

Table 2. Number and Percentage of Reported Tuberculosis Cases by Selected Characteristics, Suburban Cook County, 2004-2013

Characteristic	Year																			
	2004		2005		2006		2007		2008		2009		2010		2011		2012		2013	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Sex																				
Male	53	(58)	57	(48)	64	(55)	73	(52)	58	(58)	47	(47)	51	(55)	41	(55)	50	(56)	45	(58)
Female	38	(42)	63	(53)	52	(45)	67	(48)	42	(42)	53	(53)	42	(45)	34	(45)	39	(44)	33	(42)
Age Groups (Y)																				
<5	1	(1)	3	(3)	4	(3)	3	(2)	2	(2)	2	(2)	2	(2)	1	(1)	4	(4)	0	(0)
5-14	0	(0)	3	(3)	4	(3)	2	(1)	1	(1)	0	(0)	0	(0)	2	(3)	0	(0)	0	(0)
15-24	5	(5)	15	(13)	7	(6)	14	(10)	4	(4)	13	(13)	9	(10)	6	(8)	10	(11)	10	(13)
25-44	31	(34)	43	(36)	36	(31)	32	(23)	40	(40)	40	(40)	24	(26)	24	(32)	18	(20)	27	(35)
45-64	33	(36)	31	(26)	35	(30)	58	(41)	30	(30)	22	(22)	29	(31)	21	(28)	34	(38)	23	(29)
65+	21	(23)	25	(21)	30	(26)	31	(22)	23	(23)	23	(23)	29	(31)	21	(28)	23	(26)	23	(29)
Race/Ethnicity																				
White, not Hispanic	23	(25)	21	(18)	19	(16)	27	(19)	21	(21)	14	(14)	14	(15)	10	(13)	22	(25)	7	(9)
Black, not Hispanic	19	(21)	30	(25)	19	(16)	16	(11)	24	(24)	10	(10)	11	(12)	13	(17)	13	(15)	16	(21)
Hispanic	21	(23)	24	(20)	25	(22)	28	(20)	17	(17)	24	(24)	31	(33)	20	(27)	15	(17)	16	(21)
Asian/Pacific Islander	28	(31)	45	(38)	53	(46)	69	(49)	38	(38)	45	(45)	37	(40)	32	(43)	39	(44)	39	(50)
Other	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	7	(7)	0	(0)	0	(0)	0	(0)	0	(0)
TOTAL	91	(100)	120	(100)	116	(100)	140	(100)	100	(100)	100	(100)	93	(100)	75	(100)	89	(100)	78	(100)

Figure 2. Proportion of Reported Tuberculosis Cases by Birthplace, Suburban Cook County, 2004-2013

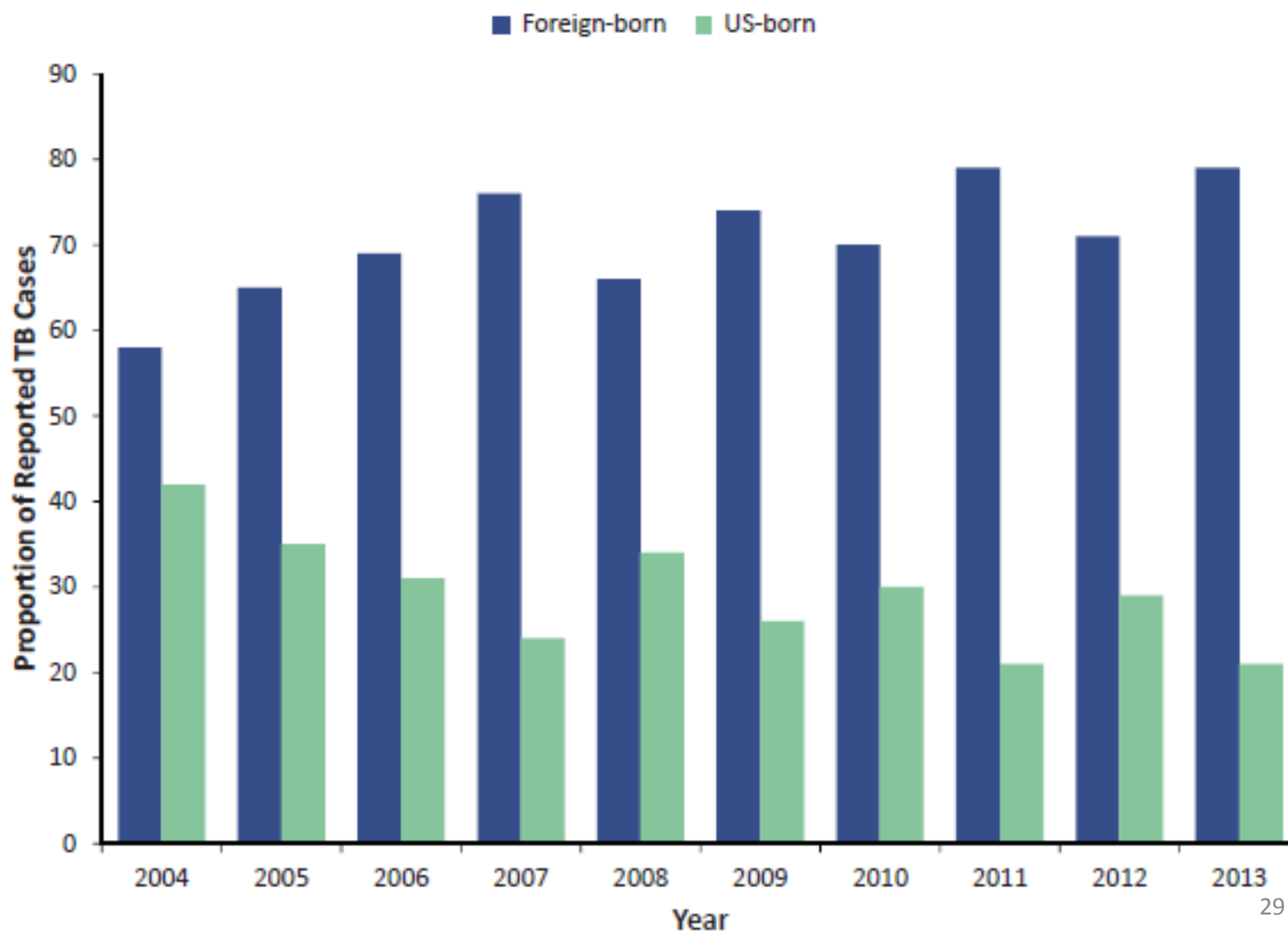
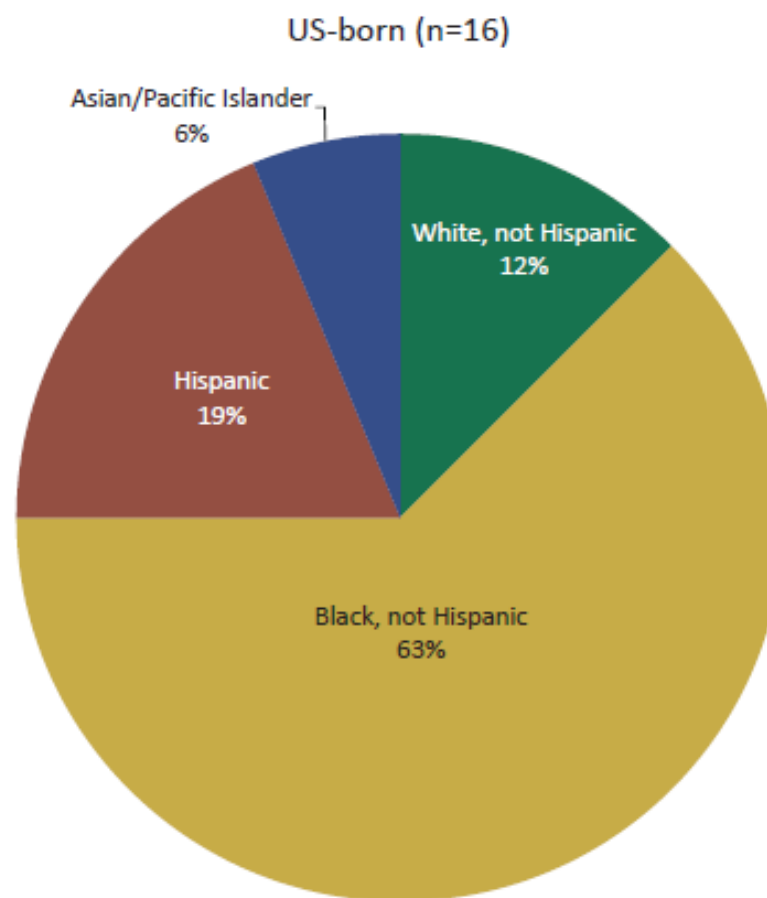
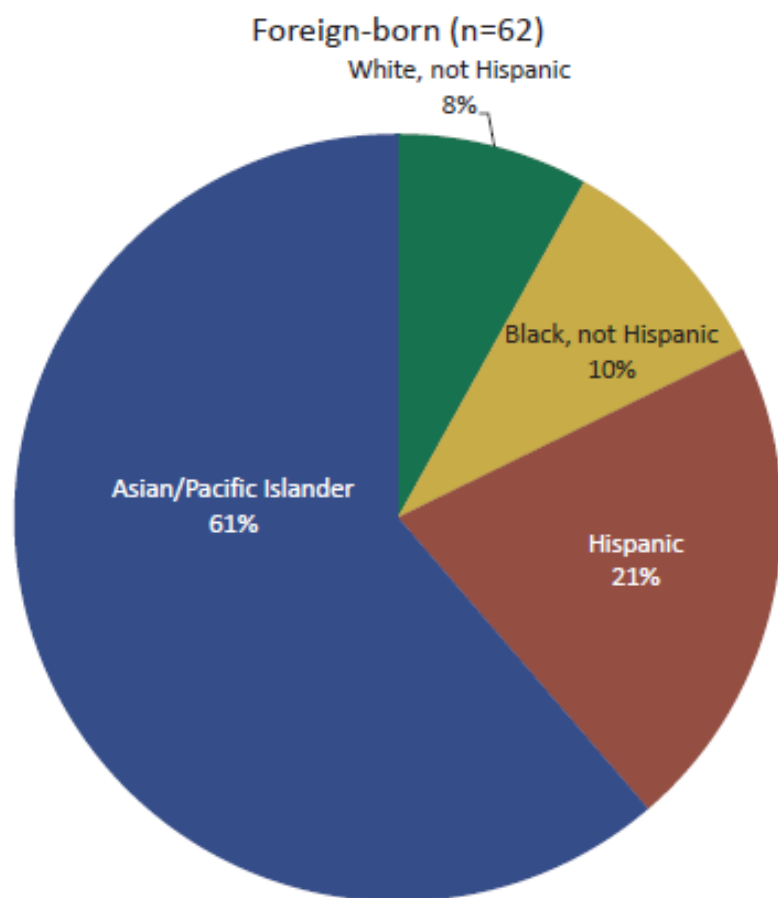


Figure 3. Reported TB Cases by Birthplace and Race/Ethnicity, Suburban Cook County, 2013



Characteristics of TB cases Suburban Cook County 2012

Table 4. Number and Proportion of Reported Tuberculosis Cases by Site of Disease and Laboratory Results, Suburban Cook County, 2013

Site of Disease	Total Cases	Sputum Smear Positive		Culture positive	
	No.	No.	(%)	No.	(%)
Pulmonary Only	47	19	(40)	29	(62)
Extrapulmonary Only	25	0	(0)	0	(0)
Both	6	0	(0)	4	(67)
Total	78	21	(27)	33	(42)

Table 5. Tuberculosis Susceptibility Results by Birthplace, Suburban Cook County, 2013

Birthplace	Cases with Susceptibility Results	Any Drug Resistance		INH-Resistant		MDR-TB	
	No.	No.	(%)	No.	(%)	No.	(%)
Foreign-born	44	8	(18)	6	(14)	2	(5)
US-born	11	1	(9)	0	(0)	0	(0)
Total	55	9	(16)	6	(11)	2	(4)